



# City of Milwaukee Fiscal Impact Statement

## A

**Date** June 3, 2014 **File Number** 140292

**Subject** Substitute resolution relative to acceptance and funding of the HIV Women's Grant from the Medical College of Wisconsin.

## B

**Submitted By (Name/Title/Dept./Ext.)** Yvette M. Rowe, Business Operations Manager, Health, X3997

## C

- This File**
- Increases or decreases previously authorized expenditures.
  - Suspends expenditure authority.
  - Increases or decreases city services.
  - Authorizes a department to administer a program affecting the city's fiscal liability.
  - Increases or decreases revenue.
  - Requests an amendment to the salary or positions ordinance.
  - Authorizes borrowing and related debt service.
  - Authorizes contingent borrowing (authority only).
  - Authorizes the expenditure of funds not authorized in adopted City Budget.

## D

**This Note**  Was requested by committee chair.

## E

**Charge To**

- Department Account
- Capital Projects Fund
- Debt Service
- Other (Specify)
- Contingent Fund
- Special Purpose Accounts
- Grant & Aid Accounts

## F

Assumptions used in arriving at fiscal estimate.

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**G**

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages	Salaries	\$48,111	\$48,111
	Fringe Benefits	\$22,612	\$22,612
Supplies/Materials		\$ 500	\$ 500
Equipment		\$0	\$0
Services		\$ 5,257	\$ 5,257
Other		\$0	\$0
<b>TOTALS</b>		<b>\$76,480</b>	<b>\$76,480</b>

**H**

For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.

1-3 Years     3-5 Years

1-3 Years     3-5 Years

1-3 Years     3-5 Years

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**I**

List any costs not included in Sections E and F above.

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**J**

Additional information.

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